



KING COUNTY
Healthcare
Coalition

Prepare. Respond. Recover.

The King County Healthcare Coalition is a network of healthcare organizations and providers that are committed to strengthening the healthcare system through coordinating emergency preparedness and response activities.

MEMORANDUM OF UNDERSTANDING

This agreement is made and entered into between Hospice and Palliative Care Providers in King County as Subscribing Organizations to the Regional Disaster Plan. All institutions identified below have signed the Omnibus Legal and Financial Agreement (“Omnibus Agreement”) for organizations participating in the Regional Disaster Plan. This agreement is governed by the terms of the Omnibus Agreement. It defines the responsibilities of each institution as a “borrower” and as a “lender” in an incident requiring coordination of hospice and palliative care services to people in King County.

I. Introduction

In a large-scale to catastrophic disease outbreak, bioterrorism attack or natural disaster, large numbers of people may require home palliative care services, which may exceed the capacity and capabilities of the organizations that currently provide hospice and palliative care services in King County. There has been no prior formal plan for regional response during emergencies in the palliative and hospice care sectors. Each of the provider organizations listed below places the utmost priority on collaboration to provide a coordinated palliative care response in the event of an emergency. During disasters, all parties agree to cooperate and collaborate with one another, as circumstances permit, on various operational issues, in order to provide the best possible care and service to the residents of King County.

Providence Hospice and Home Health of Seattle, a 501(c)(3) organization affiliated with Sisters of Providence, provides hospice care services to children and adult patients faced with life-limiting illness in King County, including Vashon Island;

Evergreen Home and Community Services, affiliated with Evergreen Healthcare, a public hospital district, provides hospice care services to adult patients faced with life-limiting illness in King and Snohomish counties;

Group Health Cooperative Home Health and Hospice, affiliated with Group Health, a not-for-profit healthcare system, provides home health and hospice services to adult patients in Western Washington, including King County;

Swedish Home Care Services, affiliated with Swedish Medical Center, a not-for-profit healthcare system, provides home health and hospice services to adult patients in the Greater Seattle area;

Highline Home Health and Hospice, affiliated with Highline Medical Center, a not-for-profit hospital, provides home health and hospice services to adult patients in South King County.

II. Definitions

1) The following terms shall mean:

Comfort Kit: a supply of pre-filled medications for the palliation of symptoms that are common at the end of life, as regionally accepted by providers of hospice and palliative care services, to include medications for pain, air hunger, anxiety, agitation, nausea, vomiting and excess secretions.

Palliative Care: care for people with a life-limiting diagnosis, where the goal is the reduction or alleviation of physical, emotional, social, and existential suffering.

Hospice Care: considered one component of palliative care for patients certified to be terminally ill and in their last 6 months of life. Hospice care is interdisciplinary care primarily provided in the patient's place of residence, either home or nursing home.

Advanced Registered Nurse Practitioner: (ARNP): Nurse practitioner who is appropriately licensed to practice as an ARNP in the State of WA, including prescriptive authority, whose practice is primarily focused in palliative care, and who is eligible or has obtained board certification in palliative care.

Physician: a healthcare professional who is licensed to practice medicine in the State of Washington.

III. Activation of Agreement

In response to a significant event which causes an increased need for hospice and/or palliative care services in King County, or which disrupts the services of one or more organizations, or which significantly diminishes their ability to provide the level of services required by their patients and community, the parties agree to activate this agreement by contacting the Emergency Operations Center for the King County Health and Medical Response (Area Command: 206-296-4606).

IV. Responsibilities of Each Party during an Incident

Operational issues may include, but are not necessarily limited to the following:

1. Each party agrees to maintain responsibility for ensuring hospice and palliative care services for its existing patients through direct patient care, telephonic triage and management, or both.

2. Each agency will report its service capacity and requests for assistance to the area command center daily, and more frequently as indicated or requested.
3. Each agency will accept and provide palliative care services to new patients, when referred by a physician or ARNP, on a rotating basis, contingent upon that agency's availability of staff and resources.
4. In the event one or more parties to this agreement is overwhelmed and can not meet the needs of their patients due to absence of staff, inaccessibility or lack of resources, other parties to this agreement may be assigned responsibility for those palliative care patients who, otherwise, would not receive care.
5. Each agency will provide triage and discharge planning for any patient discharged from its hospital to palliative care or hospice, whether continuing outpatient management or transferring care.
6. Each agency will assume responsibility for insuring distribution and re-supply of comfort kits to patients under its care.
7. Each agency will contribute staff (licensed nursing, home health aides, social workers, and chaplains) to assist with the care of palliative care patients in an alternate care facility under the management of King County, when activated by the Local Health Officer.
8. Each agency will contribute to the development and implementation of a "just-in-time" palliative care training program for volunteers.
9. Each agency shall maintain responsibility for its own staff during a regional response.

V. Cost and Payment

Reimbursement for services rendered shall be made through billing a patient's primary insurance and/or through any available state or federal reimbursement, such as Medicare. Each agency will be responsible for any required documentation and for ensuring that the amount and quality of all documentation is adequate to enable available disaster reimbursement.

VI. Limitations

- Nothing in this agreement is intended or should be construed as limiting the rights of any party to contract with any other facility or other third parties in any way whatsoever.
- Nothing in this agreement likewise is intended or should be construed to interfere with existing contractual relationships, nor is any anti-competitive intent intended or should be inferred. The parties merely are recognizing, by this letter of intent, the increased need for cooperation and collaboration in times of crisis.
- Nothing in this agreement shall affect or interfere with the rules and regulations of a facility as they relate to Medical Staff membership privileges of physicians in the facilities.

VII. Term and Termination

This agreement shall be in effect for three years from the date of the last signature, and may be renewed for an additional three years upon written grant of the parties. However, any party may terminate this arrangement upon thirty days' written notice to the King County Healthcare Coalition. Such termination shall not affect the relationship of the remaining parties. All amendments to this agreement must be in writing and agreed to by all parties.

VIII. Signatures and Contact Information

Company Name _____
Business address _____
Phone # _____
Fax # _____
E-mail _____

Emergency Contact Information (for after-hour emergencies)

Contact name _____
Contact phone # _____
Contact fax # _____
Contact cell # _____
Contact e-mail _____

Signature of Chief Executive _____
Printed name _____
Title _____
Date _____